

IN THE MATTER OF THE ESTATE OF

☐ Amended**Estate Receipt**☒ Informal Administration☐ Formal Administration**SAMPLE**WILLIAM ELLIOTT,deceasedCase No. 11PR111

1. I received from the
- ☒
- personal representative
- ☐
- special administrator of this estate the following:

Describe items of property or monies received

Cash

\$ 3,277.42

- ☐
2. This is a
- ☐
- partial
- ☐
- full distribution of my share of the estate.

- ☒
3. This is a full satisfaction of the claim filed by
- Someplace Hospital
- in the amount of
- \$3,277.42
- .

- ☐
4. This is a distribution of funds to trust. (Identify Trust) _____.

- ☐
5. Other: _____.



Signature

Someplace Hospital

Name Printed or Typed

100 Twelfth Street

Address

Someplace, WI 51111December 2, 2011

Date

Form completed by: (Name)

Mary Smith

Address

555 Blank Street
Someplace, WI 51111Telephone Number
(715) 999-9999Bar Number (If any)
N/A

IN THE MATTER OF THE ESTATE OF

☐ Amended**Estate Receipt**☒ Informal Administration☐ Formal Administration**SAMPLE**WILLIAM ELLIOTT,deceasedCase No. 11PR111

1. I received from the
- ☒
- personal representative
- ☐
- special administrator of this estate the following:

Describe items of property or monies received

Toy Train Sets	\$2,500.00
100 shares GHI Company	5,831.00
Household furnishings, tools, riding lawn tractor, jewelry	7,850.00
1/4 residual share	38,709.82

- ☒
2. This is a
- ☐
- partial
- ☒
- full distribution of my share of the estate.

- ☐
3. This is a full satisfaction of the claim filed by _____ in the amount of \$_____.

- ☐
4. This is a distribution of funds to trust. (Identify Trust) _____.

- ☒
5. Other:
- Personal Representative's fee waived
- .



Signature

Mary Smith

Name Printed or Typed

555 Blank Street

Address

Someplace, WI 51111December 28, 2011

Date

Form completed by: (Name)
Mary SmithAddress
555 Blank Street
Someplace, WI 51111Telephone Number
(715) 999-9999Bar Number (If any)
N/A

IN THE MATTER OF THE ESTATE OF

☐ Amended**Estate Receipt**☒ Informal Administration☐ Formal Administration**SAMPLE**

WILLIAM ELLIOTT,

deceased

Case No. 11PR111

1. I received from the
- ☒
- personal representative
- ☐
- special administrator of this estate the following:

Describe items of property or monies received

150 sh. EDF	\$ 2,284.50
311 sh. XYZ	4,546.82
100 sh. Ltd Foods	12,011.00
200 sh. ACME	4,910.00
1/4 residual share	38,709.82

☐ 2. This is a ☐ partial ☐ full distribution of my share of the estate.☐ 3. This is a full satisfaction of the claim filed by _____ in the amount of \$_____.☒ 4. This is a distribution of funds to trust. (Identify Trust) William Decedent Trust f/b/o John Miller.☐ 5. Other: _____.

Signature

Mary Smith, Trustee

Name Printed or Typed

555 Blank Street

Address

Someplace, WI 51111December 28, 2011

Date

Form completed by: (Name)

Mary Smith

Address

555 Blank Street
Someplace, WI 51111Telephone Number
(715) 999-9999Bar Number (If any)
N/A

IN THE MATTER OF THE ESTATE OF

☐ Amended

WILLIAM ELLIOTT,

Estate Receipt☒ Informal Administration☐ Formal Administration**SAMPLE**

deceased

Case No. 11PR111

1. I received from the
- ☒
- personal representative
- ☐
- special administrator of this estate the following:

Describe items of property or monies received	
2009 ACME GTS automobile - VIN 2010GB543W789	\$26,500.00
Antique Shaker corner cabinet, silver dollar collection, sterling silver tea set, appliances	19,100.00
1/4 residual share	38,709.82

- ☒
2. This is a
- ☐
- partial
- ☒
- full distribution of my share of the estate.

- ☐
3. This is a full satisfaction of the claim filed by _____ in the amount of \$_____.

- ☐
4. This is a distribution of funds to trust. (Identify Trust) _____.

- ☐
5. Other: _____.



Signature

Susan Brown

Name Printed or Typed

100 Second Street

Address

Someplace, WI 51111

January 2, 2012

Date

Form completed by: (Name)

Mary Smith

Address

555 Blank Street
Someplace, WI 51111Telephone Number
(715) 999-9999Bar Number (If any)
N/A

IN THE MATTER OF THE ESTATE OF

☐ Amended**Estate Receipt**☒ Informal Administration☐ Formal AdministrationWILLIAM ELLIOTT,deceasedCase No. 11PR111**SAMPLE**

1. I received from the
- ☒
- personal representative
- ☐
- special administrator of this estate the following:

Describe items of property or monies received

Cash received by Guardian of Estate of Jane Jones

\$38,709.83

- ☒
2. This is a
- ☐
- partial
- ☒
- full distribution of my share of the estate.

- ☐
3. This is a full satisfaction of the claim filed by _____ in the amount of \$_____.

- ☐
4. This is a distribution of funds to trust. (Identify Trust) _____.

- ☐
5. Other: _____.



Signature

Jacob Jones, Guardian of Estate

Name Printed or Typed

100 Third Street

Address

Anyplace, WI 52222December 30, 2011

Date

Form completed by: (Name)

Mary Smith

Address

555 Blank Street
Someplace, WI 51111Telephone Number
(715) 999-9999Bar Number (If any)
N/A